

St. Bartholomew's Hospital



Journal

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 5

FEBRUARY 1ST, 1937

PRICE NINEPENCE

CALENDAR

Fri., Jan. 29.	—Dr. Hinds Howell and Mr. Wilson on duty.	Wed., Feb. 17.	—Surgery : Clinical Lecture by Mr. Girling Ball. Squash Match v. St. George's Hospital. Home.
Mon., Feb. 1.	—Special Subjects : Lecture by Mr. Capps.	Thur., " 18.	— Rugby : 1st Round of Inter-Hospital Cup v. London Hospital.
Tues., " 2.	—Dr. Gow and Mr. Girling Ball on duty.	Fri., " 19.	—Dr. Gow and Mr. Girling Ball on duty. Medicine : Clinical Lecture by Dr. Evans. Last day for receiving matter for the March issue of the Journal.
Wed., " 3.	—Surgery : Clinical lecture by Mr. Wilson. Hockey Match v. University College Hospital. Home.	Sat., " 20.	—Rugby Match v. Old Leysians. Away. Soccer Match v. University College. Away. Hockey Match v. Aldershot Command, R.A. Away. Fencing Match v. London Hospital. Away.
Fri., " 5.	—Dr. Graham and Mr. Roberts on duty. Medicine : Clinical Lecture by Dr. Graham.	Mon., " 22.	—Special Subjects : Lecture by Mr. Bedford Russell.
Sat., " 6.	—Rugby Match v. Old Millhillians. Away. Soccer Match v. Imperial College. Home. Hockey Match v. Seaford College. Away.	Tues., " 23.	—Dr. Graham and Mr. Roberts on duty. Squash Match v. London Hospital.
Mon., " 8.	—Special Subjects : Lecture by Mr. Higgs.	Wed., " 24.	—Surgery : Clinical Lecture by Mr. Girling Ball. Hockey Match v. R.M.A., Woolwich. Away.
Tues., " 9.	—Dr. Evans and Mr. Vick on duty. Squash Match v. King's College Hospital. Home.	Fri., " 26.	—Dr. Evans and Mr. Vick on duty. Medicine : Lecture by Dr. Graham. Fives Match v. King's College. Home.
Wed., " 10.	—Surgery : Clinical Lecture by Mr. Vick.	Sat., " 27.	—Rugby Match v. Old Tauntonians. Away. Soccer Match v. Keble College. Away. Hockey Match v. King's School, Canterbury. Away. Fencing Match v. St. Thomas's Hospital. Away.
Fri., " 12.	—Prof. Witts and Prof. Ross on duty. Medicine : Clinical Lecture by Dr. Gow.		
Sat., " 13.	—Rugby Match v. Mosely. Home. Soccer Match v. Hon. Artillery Company. Home. Hockey Match v. Staff College, Camberley. Away. Fencing Match v. Guy's Hospital. Away.		
Mon., " 15.	—Special Subjects : Lecture by Mr. Bedford Russell.		
Tues., " 16.	—Dr. Hinds Howell and Mr. Wilson on duty. Fives Match v. Guy's Hospital. Home.		

EDITORIAL

ANTI-GAS MEASURES

THE course of instruction which has recently been instituted at Charterhouse Square, and which is being conducted by Major Haden Guest fills a want of which both the Government and the Medical College authorities have become increasingly aware within recent months. For some time one or two other London hospitals have been interesting themselves in gas instruction for medical students, but official circles have now decided that nothing less than concerted

action throughout the whole community will meet the country's need.

The intention of the campaign is purely protective. It is not dictated by any militaristic spirit on the part of the administration, nor is it intended to produce any such spirit in those members of the public who undergo the course. It is not even, as so many people have suggested, a warning of imminent war.

But we live in times more troublous and amongst

spirits, it would seem, more inflammable than any since the French Revolution and the era of Napoleon, and it is to-day a wise man indeed who knows where his next bomb is coming from.

The war of to-morrow, there can be little doubt, will be one of intense mobility, sudden blows, and startling onset. It goes without saying that one of its chief weapons will be the bombing aeroplane, directed not only upon military objectives, but upon administrative bases and the civilian populations of important cities with a view to creating at least panic and disorder, if not complete annihilation.

Such attacks will be extraordinarily difficult if not impossible to parry, for anti-aircraft fire is hopelessly inadequate to deal with them, and they can be met effectively only by air squadrons of equal or superior strength. Even under such circumstances it is very doubtful whether they could be held completely from their objectives.

The bombs would come in three waves. First, high explosives would wreck buildings and highways, disorganizing transport and hoping to destroy vital centres, besides creating panic. Incendiary bombs would then complete the confusion and start unmanageable fires at widely different points of the city. Finally, when the terror was at its height and the population most vulnerable, gas bombs would deliver their quietus.

With the great powers of Eastern and Central Europe only a few flying hours away—a distance that grows shorter as each new engine is perfected—the necessity for precaution and organization is obvious.

The present measures are designed chiefly to render the civilian capable of looking after himself in such emergency, of keeping cool, and of keeping out of the way of those with serious work to do. It is a process of decentralization and passive defence.

The chief dangers from gas attack lie not so much in the bombs themselves as in the ignorance or incompetence of the people bombed. During the Great War only 12% of casualties were caused by gas, and of these only 2% proved fatal. Gas incapacitates, but does not kill upon anything like the same scale as shell-fire.

Correspondingly, if the civilian is given an effective mask and shown how to use it, the horror of an insidious and intangible menace will be largely

exorcised, and the resulting panic, which is precisely what renders him vulnerable, avoided.

Masks of three main types have now been prepared. The first, which is probably the one best suited to the needs of medical men, is the standard army service type, and may be worn for forty-eight hours without adjustment. This will enable men engaged in decontamination work, casualty evacuation, or the control of any of the essential services in areas where the concentration is heavy and the hours of service long and uncertain, to carry on with perfect confidence. It is the instruction model of this mask which is being chiefly used in the present course for demonstrations.

The construction of the mask is simple, and it is guaranteed effective against any of the poison gases at present known to the Government, with the exception, of course, of such vesicants as liquid mustard and Lewisite, for which special protective clothing must be worn. The boggy of mysterious gases which can penetrate the present masks is nonsense. They do not exist. And the oft-quoted instances of ineffective masks can almost invariably be traced to misapplication, and not to technical defects.

The other two types are the civilian service type and the standard civilian mask, the former good for about six to eight hours, and the latter for three or four. The service mask is intended for those on special duties of one sort or another, such as stretcher-bearing, point duty, and shifts in factories and public works. The ordinary mask, which is the one now being mass-produced, gives a sufficient margin of protection for the civilian to take cover in a gas-proof shelter, or to escape from the danger zone altogether.

It is clear that in all these preparations the medical man must not only set an example to the rest of the community, but hold himself in readiness to instruct those with whom he comes in contact. Efficiency in the use of these masks, and an understanding of their working, is likely to make the difference between life and death in times of emergency, and the present course of instruction affords an excellent opportunity of acquiring just the necessary confidence and facility.

It is very much to be hoped, therefore, that this chance of learning will not be neglected, and that students as a whole will give it every support in their power.

CURRENT EVENTS

RAHERE REVUE

1937

For the first time this annual function was held in the Great Hall at Charterhouse Square, and for the first time for some years it was possible to admit everybody who wished to be present; in fact there was room for more. Partly this may be ascribed to the greater size of the Hall, and partly to the absence of the Nursing Staff owing to the influenza epidemic.

However, this increased size has its drawbacks: the acoustics are not all that could be desired, and a certain intimacy which has hitherto been a marked feature of these shows was noticeably missing.

Mr. W. A. Cobb and his colleagues had worked extremely hard over the erection of the stage, the arrangement of seats and the thousand and one other things which crop up on these occasions. Their labours resulted in a very excellent entertainment, lasting nearly three hours. The stage management and lighting, under the supervision of Mr. J. E. Cawthorne, were perfectly carried out.

Since the programme consisted, as usual, of the best turns from the various Christmas shows, it requires no description here; the many performers are to be congratulated on the way they presented their songs and sketches, and overcame the acoustic difficulties, although a few speaking parts were inaudible at the back of the hall.

The collection and sale of programmes resulted in just over £21 being paid into the College Appeal Fund.

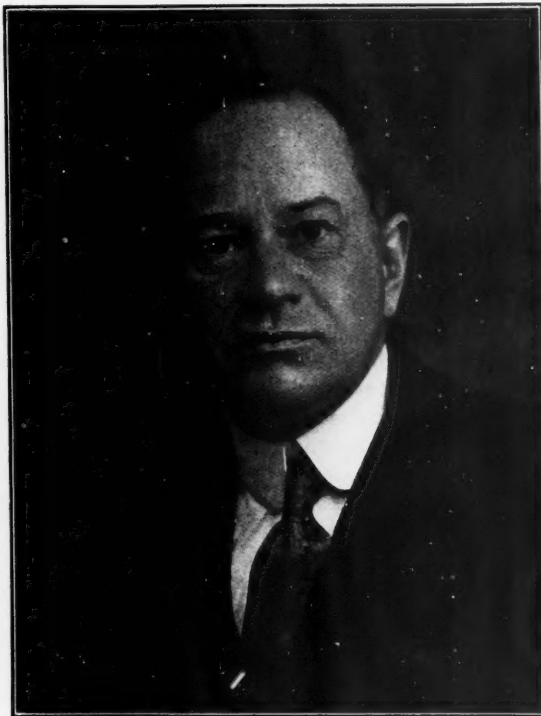
* * *

JOURNAL CHANGES

During the past three months a number of changes have been made in the administration of the JOURNAL, as well as in its printing and make-up. One of the most

§

significant of these is the appointment of two students, Mr. George Ellis and Mr. E. F. Stewart, to the Publication Committee, which has consisted, within recent years at least, solely of members of the staff. It is hoped by this move to keep the JOURNAL more closely in touch with student interests.



Beresford, photo.]

MR. R. C. ELMSLIE.

Mr. Blackburn, who has rendered the JOURNAL such excellent services during his period of editorship, retired in November, and was succeeded by Mr. Flavell. And Mr. Michael Harmer, whose illness has unhappily prevented him from continuing his work as Assistant Editor, has given place to Mr. Martin Ware.

* * *

THE SQUASH COURTS

Mr. A. E. Slazenger, who is one of our Governors, has with great generosity given £100 towards the building of the new squash courts. We hope that this fine gesture will give a much-needed impetus to the fund. The subscription list has not yet closed!

* * *

THE NEW TELEPHONE SYSTEM

Within the last few weeks the whole internal telephone system of the Hospital has been modernized. The new equipment consists of an automatic installation similar in every way to the Post Office phones. There is accommodation for about 200 lines, 150 being already in use, and it is possible to deal with 15 simultaneous calls.

* * *

We offer our congratulations to Mr. Philip Scott on being elected to the Geoffrey Duveen Studentship for 1937.

* * *

The 1937 issue of the Hospital *Pharmacopæia* will become official on Monday, March 1st.

ORTHOPÆDICS

THE history of orthopædics goes back at least to Hippocrates, and probably further still. Hippocrates described spinal curvatures and other deformities and used bandaging and machines for their correction. One of the latter (scamion) continued in use in the Middle Ages, and a specimen is in the Wellcome Medical Museum. He also recommended gymnastics for the preservation of health. Galen also wrote about deformities, and introduced the terms "kyphosis", "lordosis" and "scoliosis".

In the time of Ambroise Paré corrective and supporting apparatus was used and was made by armourers, who were apparently also responsible for making artificial limbs. Paré illustrates such apparatus in his works. In the seventeenth century Glisson, in his treatise on rickets, describes a splint for the correction of deformities of the knee. In the eighteenth century orthopædic practice was apparently largely in the hands of mechanics and appliance makers, but Chesshir, of Hinckley, was a qualified surgeon, and carried on an extensive practice based largely on mechanical methods although he also operated, and Cheselden not only described the correction of talipes by using bandages impregnated with albumen, but also carried out the first tenotomy of the sterno-mastoid muscle.

In 1736 a French physician, Andry, wrote his classical work entitled *Orthopædia, or the Art of Correcting and Preventing Deformities in Children*. He thus introduced the name "orthopædic" for the first time, and he enunciated many valuable principles which are still of value. In his work he included the consideration of many subjects which would not now come within the scope of orthopædic surgery. But he had an ideal:

"We ought to shun having anything about us that is shocking: and even though a person be left alone in the world, he ought not to neglect his body so as to let it become ugly."

He discusses the proper postures for standing, sitting and lying, the suitability of chairs, and the wearing of such clothing as will not interfere with freedom of movement. He discusses also the correction of simple deformities by manipulations, and particularly by training of posture and by active movements. But Andry was a physician and not a surgeon, and he did not use surgical or elaborate mechanical methods of treatment. Up to 1800 orthopædic treatment remained purely mechanical, and was largely in the hands of appliance makers; even on the Continent, where there were numerous orthopædic institutes, the work remained instrumental rather than surgical. It was not until

Strohmeyer showed that tenotomy was a safe operation that orthopædic surgery began to go ahead.

So far as orthopædics in England is concerned, the influence of Dr. Little, a physician to the London Hospital, was considerable. Little had a club-foot, probably paralytic in origin. He was convinced that he could be greatly improved if the tendo Achillis was divided so as to allow the heel to come on to the ground. He travelled on the Continent trying to find someone who would undertake the operation. Delpech had previously divided the tendo Achillis, and the wound had suppurated, with dire result. Consequently surgeons were loth to repeat the experiment. But eventually Little persuaded Strohmeyer to carry out the operation. The foot was greatly improved, and in 1829 Little founded the first orthopædic hospital in London. The discovery that subcutaneous tenotomy was a safe operation and the foundation of orthopædic hospitals brought the practice of this speciality into the hands of the surgeon rather than those of the appliance makers, and gave a great stimulus to orthopædic surgery. In the middle of the century (1847), subcutaneous osteotomy was also introduced. The orthopædic surgeon thus had two important operative procedures at his command which were safe before the days of antiseptics, because they were performed subcutaneously.

In 1864 the Orthopædic Department of this Hospital was founded, the first surgeon being Alfred Willett, one of the assistant surgeons. Willett performed the first osteotomy that was carried out in London. He was a distinguished pioneer in bone surgery, and he was still on the surgical staff at the time that I was a student.

Another important event at about this time was the foundation of the Alexandra Hospital for hip disease, one of the pioneer institutions for the conservative treatment of tuberculous disease of the bones and joints. This hospital is closely associated with Bart.'s from its inception. The first surgeon was Howard Marsh, at that time an assistant surgeon at Bart.'s. Marsh was closely associated with Sir James Paget for many years. In his lectures he constantly alluded to Paget as his "old friend". He succeeded Willett in the Orthopædic Department in 1879, and he was on the staff at the time that I was a student, but left to go to Cambridge, where he was Regius Professor of Surgery and Master of Downing College. His book on *Disease of the Joints and Spine*, first published in 1884, is a classic, and had a profound influence upon the surgery of bones and joints. Even the first edition is still worthy of study, and it has been brought up to date from time to time by Marsh himself, and later by Sir Charles Gordon-Watson, who was his house surgeon.

There were certain other important influences which

affected orthopædic surgery during the nineteenth century. One was the work of Hilton and of H. O. Thomas. Hilton's lectures on "Rest and Pain" had a most profound effect upon surgery. For the most part this effect was good; the teaching that an inflamed structure required rest was fundamentally sound. So far as it taught that rest was required in inflammatory disease of the bones and joints it had a beneficial effect upon orthopædic surgery, but unfortunately this teaching was applied to the treatment of injuries, and in this way it led to immobilization at a period when active use would have been preferable, with the result that there was much after-stiffness and delay or even failure to restore functional use. H. O. Thomas is best known for the splints which bear his name, (sometimes with a "Saint" prefixed—presumably by confusion with the Hospital rather than from a desire to canonize the surgeon). But Thomas was also an advocate of rest and immobilization. He even carried this so far that he expended much time and energy and a great deal of ink in advocating the treatment of intestinal obstruction by giving morphia to rest the bowel—perhaps not after all such a bad treatment at a time when obstruction was commonly treated by violent purgatives. It is a matter of some interest that in the extensive correspondence upon this subject given in Thomas's collected works (1880) there is only one mention of surgical treatment, in a short letter from Frederick Treves.

A second influence upon orthopædic surgery came from the bone-setters. The unqualified bone-setter has existed in England for centuries, but there had also been some that were qualified. Norman Moore records the appointment of a surgeon bone-setter to St. Bartholomew's Hospital in the seventeenth century. In the nineteenth century these bone-setters were doing much and beneficial work in treating by manipulations cases of stiff and painful joints and muscles and of functional derangement. There is no doubt in my mind that the influence of the teaching of Hilton and Thomas was a potent factor in producing the conditions that the bone-setters treated successfully. It is somewhat remarkable that Thomas's teaching should have had this effect, because his own practice was derived from that of his father, who was a bone-setter. But the probable cause was that accurate scientific diagnosis was more difficult than it is now, so that it was not possible to differentiate with any certainty between conditions that were inflammatory and those that were wholly traumatic. Sir James Paget studied the methods and results of the bone-setter and published a lecture upon the subject in 1867. Although he accurately records the results of breaking down adhesions, it

is noteworthy that he is very careful about advocating the manipulation of stiff joints because of his fear of lighting up inflammation. Marsh followed up Paget in this respect, and at the time that I was a student he regularly devoted one of his clinical lectures to bone-setting.

The surgeon, however, who was really responsible for bringing the methods of bone-setters into surgery was Wharton Hood. Wharton Hood's father was a general practitioner in the West End of London. He treated Hutton, who was the most successful bone-setter in London, for pneumonia and refused to take fees from him. Hutton out of gratitude offered to teach Hood's son his methods, and as a result Wharton Hood as a medical student and after worked with Hutton and even looked after his practice for him; he published his observations and experiences in a small book. Very early in my career I attended Marsh's lecture on "Bone-Setting", and I also became possessed of Wharton Hood's book. I can claim that I have used manipulation as a method of treatment since I first took up orthopædic surgery.

A third influence upon orthopædic surgery was that of Swedish massage and gymnastics. Peter Ling founded the Swedish School early in the nineteenth century. He worked out a scientific system of physical education based upon anatomy and physiology, and he grafted upon it a curative system of massage, movements and active exercises. Whereas the surgeon had been concerned, perhaps excessively, with the cure of disease and the correction of deformity, Ling and his followers thought in terms of functional use. In a hospital the massage and physical exercise department is largely concerned with the restoration of function; in school or college physical education is concerned with the perfection of function, and consequently with the prevention of disfunction and deformity. The introduction of Ling's methods into this country was long delayed. On the educational side Fröken Bergmann founded what is now the Dartford Physical Training College just over fifty years ago. On the curative side it was only in 1894 that a small body of women founded a society which is now the Chartered Society of Massage and Medical Gymnastics—a society which has now about 10,000 members.

My first experience of the Orthopædic Department was in 1901 when I acted as a dresser for three months. Marsh had been succeeded by William Walsham (1882), who also gained a great reputation in orthopædics, and wrote a work on club-foot which was for long the classical work upon the subject. He in turn was succeeded by Bruce Clarke (1887), who was in charge when I was a dresser, and for whom I subsequently

became house surgeon. Bruce Clarke, commonly known to the students as the "Bruiser", was a very powerful man, and he did not hesitate to use his strength. In 1901 rickety deformities were common. The Orthopædic Department met one day a week in the old Surgery. After a short class in which the new cases were dealt with, minor operations were carried out. There were nearly always cases of bowed tibiae for osteoclasia. The dressers were usually given the first chance of doing these and usually failed to crack the tibia. I have seen Bruce Clarke, after a particularly powerful dresser had failed to break the tibia, pick the child up off the table by the leg and crack the bone in the air as if it was a fragile stick.

When after acting as house surgeon to the Orthopædic Hospital I returned to Bart.'s as a Demonstrator of Pathology in 1905, I became an assistant in the Orthopædic Department first under Bruce Clarke, later under Mr. Eccles, so that I have now worked in the Department for over thirty years. In 1905 there was one out-patient day a week; this was held in some of the rooms of the old Surgery. There were no beds, cases being admitted into the beds that the assistant surgeon in charge received by courtesy from his senior. There were no special facilities at all, and the Massage Department consisted of one porter and one masseuse, who were certificated by the Incorporated Society of Trained Masseuses. Very soon afterwards, however, the Swedish system was introduced, as I have described in a previous article in this journal.

My experience in the Department convinced me that with the development of operative surgery it was becoming impossible for a surgeon to keep up to date in either knowledge or technique in the whole of his subject. More particularly that a surgeon who was constantly occupied with operative work could not develop his knowledge and skill on the lines that are specially required in orthopædic work. I therefore set to work to persuade my seniors that a specialist should be put in charge of the Orthopædic Department, and in this I was successful in 1912. The surgery of the war proved this contention, and gave this branch of surgery its greatest chance of development, a chance of which, thanks to the personality and genius of Sir Robert Jones, it made full use.

The further development of the Orthopædic Department is so recent and is concerned so much with my personal career that I feel disinclined to write of it. The Department now fills a very definite function in the Hospital and College, and the teaching obtainable in it is, I believe, of real value to the student. Modern medicine and surgery leads us sometimes in the laboratory to abstruse investigations, the scientific interest of

which is apt to distract our attention from the patient. Sometimes, in treating acute cases, we have to engage with a struggle between life and death which is of absorbing interest. Sometimes in surgery a handicraft or technique must be developed so difficult in itself that it obscures the true object of our work. Orthopædic surgery can supply a corrective to these tendencies, because in this branch of work we are concerned with physical function and its restoration. We have always to keep this end in view. The object of orthopædics has, in fact, been well defined as the restoration of the best possible function in a damaged or diseased part by the simplest possible means. R. C. ELSLIE.

BEES ON THE BOAT DECK

NO doubt some of those who were fortunate enough to obtain tickets for the Dramatic Society's Christmas production wondered what Mr. J. B. Priestley was doing with bees on a boat deck, and, in view of the fact that it had but a short run in the West End, why the Society made this play their choice.

The title is explained early on in the play, while the reasons for this choice are not far to seek when you consider the limitations imposed upon the selection committee. The size of the stage prohibits much change of scenery; in fact a play with only one "set" is perhaps preferable. An even distribution of parts is appreciated so that the burden does not fall upon one or two characters only, and the feminine interest must not be too prominent.

Although this is not a particularly good play, the Society is to be congratulated on its choice, as it aptly fitted the personnel available, and it should be pointed out that lately, out of seven hundred odd students, barely sufficient attended the casting rehearsal to allot the parts, and there has been little scope for selection.

The individual members of the cast, as well as the producer, must be complimented on relieving the audience of any of the embarrassment associated with some amateur productions for, amongst other things, they had no need of a prompter—one of the more outward and audible signs. In fact it was a pleasure to sit back and enjoy the play with complete confidence in the actors and without any nervous apprehension.

The lively action of the play and the well-managed explosions were a pleasant contrast to the relative but necessary inactivity of last year's court scene.

The game of deck tennis with which the play opened was obviously difficult to make convincing in such

small space, and it would have been wise, perhaps, to have left it out altogether as it resulted in a rather slow opening, but with the entrance of Mr. Slivers the production speeded up. The players were commendably quick on their cues, which made the reading from Karl Marx by the Communist a most effective climax to the first act, the tame ending of which was not improved by a slow curtain.

Not long ago female parts were taken by students, and still further back persons of no less fame than the present editor of the *Lancet* and the recently retired Orthopaedic Surgeon to this Hospital filled these rôles.

We cannot forgive him, though, for spotting the staff in the front rows instead of looking out over the estuary, oblivious of an audience, but in an equally long part he was as reliable as his colleague, and their partnership was a delight, especially in awkward situations.

The comic element, provided by Hetherington and Slivers, could hardly have been in safer or more accomplished hands. As the former, a research chemist, Eric Jewesbury had a part, we feel, after his own heart, and if perhaps it resembled his "Mr. Blanquet" of three years ago and he tended to broaden the farce a little at times we can forgive him, for he was a constant source



London Press Photos.]

BEEES ON THE BOAT DECK.

Nevertheless, this year the Society were fortunate in the help given them by the two ladies, of whom Sheila Speirs-Alexander took the part of the chief engineer's niece, Hilda Jackson, and, we were glad to hear, had "had a very good training—Truby King". Marjorie Hunter gave a very sound performance as Lord Cottingley's daughter Ursula, in which part she used her eyes a good deal more than her "expensive education".

As Sam Gridley, chief engineer, Donald Crowther was a tower of strength to the rest of the cast, his words were always audible, and he was obviously at home on the stage. His diabolic wrath as he emerged from his temporary prison in the ship's hold, his convincing devotion to the sea and his old ship, and his delightful manner in dealing with "Tatter lovely", Ursula, perhaps stand out from this carefully studied performance. Trevor Baynes as a brother officer flung himself into his part wholeheartedly, and obviously enjoyed locking people in cabins and threatening them with crowbars.

of amusement while on the stage without "stealing" undue attention. Thanks to J. E. Cawthorne, as proficient a stage manager as ever, he had a delightful first entrance, and he made the most of it, and during the time he was on the stage he was acting every moment of it, not to mention the ingenious handling of his little bag and his scores of note-books. That more was not seen of Trevor Roberts as the local grocer, Mr. Slivers, was very disappointing, and we await the day when a lengthier part does justice to his ability. His mastery of character parts, with no alteration of make-up to help him, was shown in his all too short return to the stage in the second act, for his portrayal of a drunken Mr. Slivers was never exaggerated and magnificently timed in every movement, giving him an exit that could hardly be bettered.

In the last few years the police force has come in for some brief ridicule on more than one occasion by this Society, but never quite so thoroughly as at the hands

of Clifford Newbold. His voice, perhaps, was not as consistent as his acting, but that he was the country constabulary in person was obvious from his nose to his boots, and they squeaked—a delightful touch.

The political element did not entirely escape ridicule either, for Richard Gabb as Capt. Mellock of the New British Fascisti disguised his own quiet personality so well as to make you wonder if the Albert Hall would still be with us if Mosley had more followers of his calibre. His diction was clear if at the expense of speed at times, but his definition of the character must have approximated closely the author's intentions.

Leslie Gimson as the Communist Party candidate at the local by-election was one of the better pieces of casting of this play, for a more ardent disciple of Marx would be difficult to find. He made the most of a short part, and his final exit thoroughly deserved the applause it was given.

By a slight exaggeration of the character and voice of Lord Cottingley, Kim Tickell sacrificed what might have been a convincing portrait and made his words at times inaudible, but he had plenty of confidence on the stage, and was never at a loss what to do when not actually speaking. Having had nothing to do all the evening as prompter, it was left to Douglas Mail as Mr. Tooke, chief clerk of the firm that owned the "Gloriana", to close the story, but his casual delivery of the verdict that the ship was to be blown up after all made the most of an otherwise indifferent curtain to the last act.

It was much appreciated that the producer, in his polished speech at the end, persuaded "Bert", who has been responsible for the make-up for a number of years now, to come before the footlights. Just tribute was also paid to Ronald Gibson and Alan Thomson, who presided at two pianos with their usual skill—a very real support to the company and ever a delight to the audience.

Thus another page in the history of the Dramatic Society has been filled, and Eric Jewesbury, as producer, has made it difficult enough for himself, let alone his successor, to maintain this standard in the future. It is hoped that he will be able to run up his flag over another boat deck next year, and in this event may he have as able a crew behind him.

OLD STUDENTS' DINNER

We very much regret that no account of the Old Students' Dinner, held in October last year, appeared in the Journal, and would wish to assure the Old Students that this was entirely due to an editorial oversight.

JOHN WOODALL AND HIS TREPHINE

THE JOURNAL for December, 1936, illustrates some of the instruments, including the trephine, used by Jean-Louis Petit for his mastoid operation in 1736. This has suggested to me that it may be worth while to draw attention to the earlier history of the trephine, for it seems clear that this instrument in its modern form was invented by a surgeon who was elected to the staff of St. Bartholomew's Hospital a hundred and twenty years before Petit used it for his operations.

John Woodall was born about 1556, and started his career in 1591 as a military surgeon. After living abroad for some years he was admitted to the Barber Surgeons Company of London in 1599 and became Master of the Company in 1633. He was elected Surgeon to St. Bartholomew's Hospital on January 19th, 1616, and held office until his death in 1643, so that his term of service to the Hospital coincided for a long period with that of William Harvey. Woodall was also from 1612 the first Surgeon-General to the East India Company, and it was in this capacity that he wrote his famous book entitled *The Surgeon's Mate, or a Treatise Discovering Faithfully the Due Contents of the Surgeon's Chest*. This was published in 1617, and was the earliest book designed to instruct and aid the ship's surgeon in the performance of his duties. It contains a full description of scurvy, and, although lime-juice had been used in the treatment of scurvy as early as 1593, Woodall was the first to prescribe its use in print. This medical priority has always been regarded as his chief claim to fame, though it will be seen that his surgical claim is in fact almost as great.

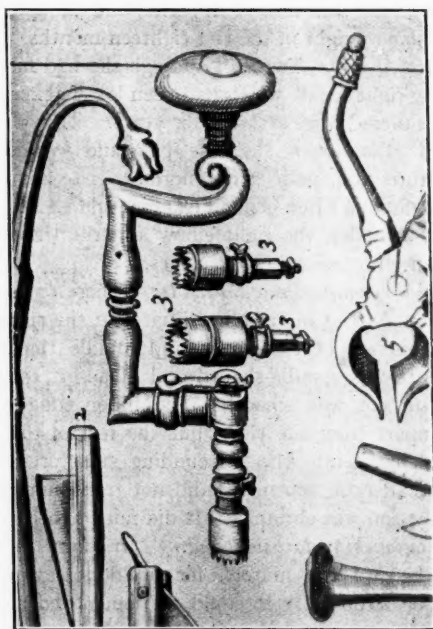
Woodall's second book was his *Viaticum, being the Pathway to the Surgeon's Chest*, published in 1628. It is a short treatise on the cure of "wounds made by gunshot", and is really an appendix to *The Surgeon's Mate*. His last publication was an enlarged edition of his two earlier treatises under the title *The Surgeon's Mate, or Military and Domestique Surgery . . . with a Treatise of the Cure of the Plague*. It was published in 1639, and has an admirable engraved title-page, from which the accompanying portrait of the author has been taken. This book was described by Sir D'Arcy Power in the *British Journal of Surgery* in 1928, but he and most other writers on Woodall have not mentioned the fact that this re-issue of his treatises contains an extremely interesting addition in the shape of his description of the *trafine*, later known as the *trephine*. In *The Surgeon's Mate* Woodall had described and illustrated the *trapan*, or *trepan*, as usually employed

for opening the skull, and he allowed this to remain in his new edition. He added, however, to the *Viaticum* six pages wholly devoted to the description of the *trafine*, which he claims unequivocally as his own invention, and he illustrated it on an engraved plate (reproduced here). His opening sentence is somewhat unwieldy, but it must be quoted in full if only to establish his position as inventor of the instrument: "Having had sufficient tryals of the facility and safe use of the *Trafine*, I have thought fit to commend it and the use thereof, for the future, to the younger Artists, upon some of their requests, not detracting ought from the worthinesse, and due commendations of the Authoure of the *Trapan*, concerning that excellent invention, yet by way of addition to

degree and more, and for that it was so fashioned, and first practised by my selfe, I thought fit to put the name of a *Trafine* upon it (a tribus finibus) from the three ends thereof, each being of severall uses, and being as it may appeare triangular or three cornered, each corner thereof performing the part it seemeth to undertake, so that it fully supplyeth & maketh good all the uses of a *Trapan*, with the one end, and that with more facility as is said, and safety then the *Trapan* doth, or can doe, and it supplyeth with the second end all the uses of a smooth Levatory, and supplyeth the necessity of a Jagged or toothed Levatory with the third end, the said Levatories being all necessary adjutors in helping to make and finish the *Trafine* or (tres finis) and who so



JOHN WOODALL.



THE TREPAN, AFTER WOODALL.



WOODALL'S TRAFINE.

my former Edition, I thought fit here to describe the *Trafine*, it being an Instrument of my owne composing, which experience will shew, is more compendious and of more facility in the use thereof, for young practitioners in Surgery then is the *Trapan*, the which Instrument, although it may be said to be a derivative or Epitomy of, or from the *Trapan*, yet well observed, it performeth as much as the *Trapan* in every

shall please to make a judicall experience thereof, not being prejudicated, will find that it far exceedeth the *Trapan* in all his uses; in the compendious and safe performance of the workes, as well of the two Levatories as of a *Trapan* recited which the former can no way be said to do." Woodall then proceeds to enlarge upon the advantages of his instrument over the conventional trepan, pointing out that it can be used without an

assistant, the surgeon using one hand to steady the patient's head and the other to operate the instrument by the movements of the wrist alone; that for the same reason it is quicker and more dexterous; that it is much safer, the conical head preventing injury to the dura mater by slipping of the instrument when the bone has been penetrated; that it is provided with a central pin to fix the instrument at the start, but to be removed when the teeth have made a groove in the bone lest it penetrate the dura mater. It is plain, therefore, that Woodall had, by a stroke of genius, eliminated once and for all the defects of the primitive trepan as handed down from ancient times, and established in its place an efficient instrument which has undergone no essential alteration up to the present day. He was careful, however, to warn the "young Artist" not to embark rashly upon using the *trafine* on his patients until he had practised on "a Calves-head, or the like subject", and "to proceed by the advises of antient grave Artists that are experienced Surgeons in those works". He recommends for use with the *trafine* "an instrument called a Lenticular, to cleanse away all small shivers and raspings of bone, as also for the remooving whatsoever else may seeme by consequence to offend the Dura Mater, or that way else might hinder healing". Clearly Woodall, with his *trafine*, levatories and lenticular was a surgeon of refinement, who deserves to be honoured for a fundamental contribution to the advance of surgical technique.

It will be noticed that Woodall christened his instrument *trafine* from the *tres fines*, or three corners, of its shape. The word seems soon, however, to have been corrupted into *trephine*, and was always so printed in the eighteenth century. The alteration was etymologically incorrect, and has helped to cast into oblivion the inspired originality of the inventor of the instrument. Woodall's improvements were not, moreover, universally accepted, even in the middle of the eighteenth century. Thus Samuel Sharp, Surgeon to Guy's Hospital, in his celebrated *Treatise on the Operations of Surgery*, first published in 1739, describes "the operation of the Trapan", but remarks at the end, "I have us'd the Word Trepan all along, for the sake of being better understood, but the Instrument I recommend is a Trephine". Even so, Sharp did not accept one of the main advantages of Woodall's trephine, for he states that he prefers a saw-head which is "Cylindrical, or one nearly Cylindrical". He admits that it differs from those in use "which are all Conical, and some in a very great degree", and proceeds to argue the pros and cons. The general verdict of succeeding generations of surgeons has been in favour of Woodall, as may be seen by looking at any ordinary trephine at present in

use in the theatres of Woodall's hospital. The ends of the handle are no longer adapted for use as "levatories", though in other respects the instrument would not be disclaimed by its inventor. GEOFFREY KEYNES.

AN UNUSUAL CASE OF GANGLION

MISS B—, æt. 58, a cook, was admitted to Waring Ward under the care of Mr. Girling Ball on November 10th, 1936, complaining of "a lump in the left leg".

History.—Twenty months ago she had a tingling sensation in the second, third and fourth toes of the left foot. This lasted for two months.

Eighteen months ago noticed a painless lump, the size of an hen's egg, in the upper part of the left leg. It had increased very slightly in size.

Twelve months ago she started to become easily tired; she had loss of appetite, and thought she had lost some weight in the last eighteen months.

Past history.—Twelve years ago she had had a lump in the right breast which had been locally excised. She had suffered from arthritis for years.

On examination she was pale and wasted. Temperature and pulse were normal. No abnormalities were discovered on general examination except that the right shoulder, the right elbow and the wrists showed advanced osteo-arthritic changes.

Local examination of the left leg.—There was a swelling of dimensions 5 in. \times 3 in., situated at the outer part of the junction of the upper and middle thirds of the leg. It was spindle-shaped and of a soft consistency. Its surface was smooth. The inner edge could be felt apart from the tibia, but the rest of the swelling faded away into the surrounding structures. It was not tender or warm. It did not transilluminate, but fluctuation was obtained. It did not pulsate.

Relationship to surrounding structures.—It was attached to the muscle, for on dorsi-flexion of the foot it hardened. It could not be moved separately from the muscle, but could be moved as a whole. It was not attached to the skin. It was not fixed to bone. Peripheral nerve function, sensory and motor, of the leg and foot was not impaired.

X-ray films showed that it did not involve the tibia or fibula. A tentative diagnosis of fibrosarcoma was made. The chest was X-rayed for secondary deposits; this proved negative.

Exploration was carried out. A vertical incision was made through the skin and fascia over the swelling and the tibialis anticus muscle exposed. It was divided

longitudinally, and a spindle-shaped, shiny, cystic swelling was revealed lying in the substance of the muscle. A clear jelly-like material was aspirated from it. Complete removal was decided upon, as it gave the appearances of a ganglion and there was no infiltration into the surrounding tissues. Its upper pole was formed by a fibrous band, which took origin from the muscle and was in no way connected with the joint. Its lower pole was similarly attached by a fibrous band to the muscle, in which it was embedded. The patient had foot-drop after the operation, but this was probably only temporary, as the muscles acted normally though weakly to electrical stimuli. She felt better than she had been for several years.

REPORT FROM THE PATHOLOGICAL DEPARTMENT.

The structure consisted of collapsed walls of a cyst with partitions dividing the cavity of the cyst. The walls were thin, opaque and white in colour. The lining was smooth and shiny.

On section the wall of the cyst was formed of dense fibrous tissue lined by flattened epithelium. The surrounding muscles showed a fibrosing myositis. [The appearances are compatible with a ganglion, but the degree of surrounding reaction of the stroma is unusual.] The ganglion fluid contained protein, most of which was mucoid. The bacteriological examination of the fluid showed no organisms.

CONCLUSIONS.

This is a very unusual site for a ganglion, and no such case similar to this has been reported in the literature. It perhaps throws some light on the origin of a ganglion.

A ganglion is generally accepted to arise in one of the following ways:

1. In connection with a herniated portion of a tendon sheath or joint capsule which has become detached.
2. In a displaced islet of synovial tissue resulting from trauma.
3. As a myxomatous degeneration of fibrous tissue—usually from a tendinous sheath.

The third theory, that it is a myxomatous degeneration of fibrous tissue, perhaps is the most correct, and I think this case illustrates that fact.

I must thank Mr. Girling Ball for his kind permission to publish this case.

F. RAMSAY.

THE REVISED CLINICAL COURSE

AN attempt is being made to simplify the clinical curriculum of students working at this Hospital. The new schedule of work affects those who started clinical work in January, 1937, and, in a less degree, the men who began in July and October, 1936, will be involved. It seems desirable, therefore, to give some explanation of the new clinical course and the objects which it sets out to attain.

The alterations seek to make the following things possible: First, that every student shall have the same scheme of work, instead of there being different schemes which lay down from the beginning within rather narrow limits the course that a particular student shall follow. Secondly, it is intended to diminish the number of men attending the sessions in some Special Departments. It has long been realized that it is difficult to give satisfactory clinical opportunities in such Departments as the Ear, Eye and Throat Departments if the group of students is large. The demonstration of cases in the Skin and Orthopaedic Departments does not present the same difficulty. Thirdly, it seeks to give an opportunity to men who want to obtain more than a working knowledge of some special subject to get additional facilities in one or more special subjects in groups that make the study of cases possible. Fourthly, the practice of grouping students together twice a year for a three months' course in Practical Pathology has led to an undesirable congestion in the later clinical periods and to a very complicated plan of clinical work. Under the new arrangement the teaching of Pathology is spread over six months and goes on all the year round; all men can do their practical pathology at the same stage in their curriculum, no matter in which quarter they started their clinical work.

It will be seen from the scheme set out below that the alterations in the curriculum are very small. They affect principally the nine months during which Surgical Out-Patients, Medical Out-Patients and Pathology are done. Under the new scheme a man will have a free choice on which pairs of days he does his Surgical Out-Patients and his Medical Out-Patients, the only limitation being the number of students that can be allotted to any pair of Out-Patient Physicians or Surgeons. During the six months that he is doing his Surgical and Medical Out-Patients a student will attend a minimum number of sessions in the Eye, Ear, Throat and Skin Departments. Because the sessions to be attended by any one student are fewer, the number of men attending at each session will be smaller.

There will be a dance at Charterhouse Square on Friday, March 5th.

1st 3 months	.	.	.	.	.	.	Surgery Dresser	} or {	Ward Clerking.
2nd 3 months	.	.	.	.	.	.	1st Ward Dresser		Surgery Dresser.
3rd 3 months	.	.	.	.	.	.	Ward Clerking		1st Ward Dresser.
	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.			
4th 3 months									
A. a.m.	S.O.P.	Throats	..	S.O.P.	..	..	
p.m.	Ears	..	Path.	Path.	Path.	..			
or B. a.m.	..	S.O.P.	..	Ears	S.O.P.	..			
p.m.	Throats	..	Path.	Path.	Path.	..			
or C. a.m.	..	Ears	S.O.P.	Throats	..	S.O.P.			
p.m.	..	..	Path.	Path.	Path.	..			
5th 3 months									
D. a.m.	M.O.P.	..	..	M.O.P.	Skins	..			
p.m.	Eyes	..	Path.	Path.	Path.	..			
or E. a.m.	..	M.O.P.	Skins	..	M.O.P.	..			
p.m.	Eyes*	Eyes*	Path.	Path.	Path.	..			
or F. a.m.	..	..	M.O.P.	..	Skins	M.O.P.			
p.m.	..	Eyes	Path.	Path.	Path.	..			
6th 3 months									
G. a.m.	Children†	Fevers	..	Psychological	Fevers	..			
p.m.	Orthops.	Children	Children	Orthops.	Eyes† or Throats† or Ears†	..			
or H. a.m.	Children†	Fevers	..	Psychological	Fevers	..			
p.m.	Orthops.	..	Children	Med. Eyes† or Orthops.†	Children	..			
7th 3 months	.	.	.	.	.	.	2nd Ward Dressing	or	2nd Ward Clerking
8th 3 months	.	.	.	.	.	.	1 month Gynæcology	} or {	Gynæcology.
							1 month Gynæcology		Gynæcology.
							1 month Gynæcology		Elizabeth.
9th 3 months	.	.	.	.	.	.	1 month Elizabeth	} or {	District.
							1 month District		Anæsthetics.
							1 month Anæsthetics		Gynæcology.
10th 3 months	.	.	.	.	.	.	2nd Ward Clerking	or	2nd Ward Dressing.

* Students in this group do Ophthalmic Out-Patients on Monday or Tuesday afternoons, and not on both afternoons.

† A student may elect to join one or more of the sessions marked † in this period of his curriculum. They are intended as advanced classes for students who have had some previous instruction in the subjects so marked.

The teaching of Practical Pathology will be divided into the following groups :

- A. Bacteriology, Applied Bacteriology, Parasitology.
- B. Hæmatology, Chemical Pathology and Histological methods.

In Group A there will be 32 classes, made up of—

Bacteriology	20
Applied Bacteriology	6
Parasitology	6

In Group B there will be 24 classes, made up of—

Hæmatology	10
Chemical Pathology	12
Histological methods	2

The teaching will be made continuous in these subjects by the following grouping :

January February March	Group B	No classes in January, and 3 classes per week throughout February and March.
April May June	Group A	32 classes in 12 weeks (3 per week) throughout the whole period.
July August September	Group B	12 classes in Chemical Pathology during July (3 per week). No classes in August. 12 classes in Hæmatology in September.
October November December	Group A	32 classes in 12 weeks (3 per week) throughout the whole period.

During the same two periods of three months the student will work systematically through his Practical Pathology. The teaching in Pathology will be so arranged (see the accompanying scheme) that he can start in January, April, July or October and continue for the next six months, the two sets of three months being independent ; no handicap will be offered by the alternation of the subjects with which the Pathology course is started.

In the third period of three months under consideration he will attend his course in Fevers and in Psychological Medicine, each course at an appropriate hospital. He will attend the minimum number of sessions of the Special Departments he has not already done, namely, Orthopædics and Children. In addition he will have an opportunity voluntarily to attend advanced courses in any of the Special Departments. It is hoped to make the work valuable for those who elect to take the advanced courses.

The work to be done before the three periods immediately under consideration and after them will be very little changed. Again within the limitations of numbers on any particular firm, a student will be able to choose whether he does his second period of ward clerking or second period of ward dressing first, in order

to fit in with his own ideas of how he should take his final examination.

For the men starting in January, 1937, and thereafter this scheme will work smoothly. It will not affect the men who take their Pathology under the old scheme in April, 1937, but there will be a group of men who started their clinical work in July and October, 1936, for whom some special consideration is needed, for the teaching of Pathology starting in October, 1937, will not correspond to that laid down in the scheme issued to them. It is realized that these men will need special help in arranging their curriculum, and the Medical College Office is prepared to offer them advice and other assistance to get their work done without unduly disturbing their routine.

No scheme of work can be ideal, nor need any scheme be regarded as final. It is hoped that this new one will be less complicated than the old ; that it will give a freer choice of teachers, cut down the number of Special Department Out-Patient sessions required, and will thereby lighten the burden of men doing their clinical work, and make it easier for them to acquire the practical experience they need before qualification.

CHARLES HARRIS.

THE PSYCHOLOGICAL APPROACH TO FUNCTIONAL DISORDERS OF CHILDHOOD

IT is important to realize that a psychological interpretation of the physical disorders which are frequently found in the psychoneuroses is not in any way comparable to an organic interpretation.

What the psychologist asks is what meaning has this symptom for the patient? What the neurologist or pathologist asks is what are the physical mechanisms underlying this symptom, where in the body is the disturbance created, and what is its physical nature?

The empirical fact is that mental disturbances occur in physical diseases and physical disturbances occur in mental diseases, but the actual problem of how body and soul are related is nowhere near a solution.

For the time being we have to leave this problem, and as psychological methods are effective where physical methods are not, we have to assume that we are working with something which is real though not material; this something we call the "psyche".*

There are many ways in which we study the psyche; they are all indirect, but the essential feature of the psychic manifestation is that it must represent an experience. The experience can be represented through the medium of speech, painting, dancing, modelling, playing, dreams and visions or any other means that can be conceived. It is in these materials we have the materials for research.

These materials may be divided into rational and irrational concepts. Rational concepts are generally recognized as effective, but it is sometimes not realized how potent are irrational or dream products, using the term "dream" in the widest sense, for the fate of the individual. A child, æt. 7, came to the Child Guidance Clinic because he could not do his arithmetic, and we worked at it for some time. He could not do the simplest sums, nor did the way in which he wrote the sums down make any sense; the ordinary conventional signs were ignored or left out, and he could not even copy a sum that I wrote down for him. This boy was an intelligent boy who had previously been able to do his sums correctly, so it was clear that something was disturbing his capacity for attention. The whole process of orderly thinking was in disorder. I pointed this out to him, and asked him about his dreams. He had been having very vivid dreams, and he told me the following one:

"There was a castle in which lived an evil Hungarian count. This count had captured an old woman and her beautiful daughter, who were kept prisoners in a tower

of the castle as the Count's servants. When the Count wanted the old woman, he would bang on a gong and down the stairs would come the old woman, making a noise like a pencil hitting on the table. Over the wall of the castle came a young Englishman, who was going to rescue the old woman and her beautiful daughter, and the Count banged on the gong and the old woman came down the stairs. The Count then gave the old woman a knife and told her to kill the Englishman. She, however, exclaimed, 'I am only an old mother', and stabbed the Count."

At my suggestion he drew a picture of the main features of the dream.

Now this dream is like a myth; a typical parallel is the Parsifal story, the Englishman being like Parsifal, the Count like Klingsore, and the old woman like Kundry. This is an analogy. The dream, of course, differs in important details. It was possible to explain this to the boy, and also to point out that the Count represented the principle of law and order. Now order is the thing that was missing from his arithmetic, and this I pointed out to him too. There was thus in his dream the function that was required in his work. After this he could do the arithmetic correctly, and when I made up a more difficult sum to test him, this he also solved successfully.

This dream is, of course, full of meaning; it is really a picture of his whole psychic situation, but it was not necessary to go into the whole of this. The reason why this interpretation was effective was that the boy could separate himself from the dream, which remains active so long as the images are not understood in some way or other.

This naturally brings us on to the question of children's play, because if you watch a child playing it is quite evident that there is a close analogy between the child's play and its dreams. Children seem to be actually living a dream; the toys under their hands become the most fantastic things that act and live like independent beings in a world of their own. This world is the child's own world in which it has its own realities out of which will be developed its future life. The discoveries that it makes will be tested out against the outer world, with the result that either the world is found wanting, or the play phantasy is not adequate for the world. It is this constant interplay between the world of play and the world of everyday life that is so important. It is not often that the child becomes lost* in its everyday life, but it is a real danger that the child becomes lost in its play or phantasy, and this may lead to serious disorders

* For further elaboration of this complex problem cf. "The Basic Postulates of Analytical Psychology" in *Modern Man in Search of a Soul*, by C. G. Jung.

* "Lost" in this sense means that the individual does things or dreams things without knowing that he does them or dreams them, and without knowing their significance.

of behaviour. For example, a child that plays with knives may suddenly attack another person in a dangerous fashion, inflicting a serious injury. Sometimes phantasy leads children into the court. Sometimes it leads to an almost complete outer inhibition just because the child is living out its life entirely within its own soul. One boy in particular could not make any relationships; at the age of seven he had learnt nothing at school, and clung to his mother on all possible occasions. He was lost in a terrifying phantasy, the outward expression of which was that he had to burn paper. At the clinic he could do this, making dangerous fires, and whilst he did this his relationships at home and at school improved.

If we look for the cause of disturbances with children, we must look ultimately to the home.

A boy, *æt.* 10, came to the clinic because he feared the dark, other boys and schoolmasters. He was pale and weak-looking, and made little progress until he one day told me a recurrent dream about "a terrible woman, not his mother, who was always shutting him up in a dark room, or threatening to squash him in a trouser-press". Now it often happens that a man's moods are represented in a dream as a woman, and so I inquired about the father from the mother. She told me that the father and she were at cross-purposes, that his moods devastated the home, and that he was taking to drink, and, she suspected, other women.

After seeing the father the boy's dreams changed, and this followed the fact that the father made a real effort to keep his moods off the children. He was a man full of phantasies, particularly in relation to women. He regarded his mother as the best of all women, but he could not live up to her standards. Yet he regarded all other women as evil and malicious, and this included his wife. They all seemed to upset him. He also felt that there were certain malicious people that were working against him.

As the case developed a rather astonishing thing happened. The boy broke into the house of the people next door and stole some scent, which he gave to his mother. Besides this, he upset the whole house so much that the owners called in the police and the small boy duly appeared in court. It did not take long to unravel this mystery. I was convinced that the boy was not a criminal, and he told me that he had gone into the house to take the money that was owing to his father, thinking that he had a right to anything that was there, since everything belonged to his father. He took some scent for his mother. The father belonged to a furnishing company which had sold furniture on the hire-purchase system to the neighbour. The neighbour had got behind with his instalments and the father had woven a mass of phantasy round him and his wife. They

were an immoral, unscrupulous couple, who were not married, who were a thorough danger to the community, and he said that he could sell them up at any minute. The boy, finding that the father did not do so, stepped in and took what he wanted.

Such a father is a continuous danger to a child; he is like a tuberculous patient who is continually spraying germs over his children, infecting and re-infecting them. The child is also more susceptible to the disease, for whilst the father has the sense not to commit an act that will land him in court, the child is absolutely dependent on what the father says, proceeds to act naïvely, and so gets into trouble which is really the responsibility of the father.

It is often difficult to get at the child's phantasies, and requires special understanding on the part of the adult. It is very important that the child should be able to go to its parents and tell them its phantasies when it wants to: but often it is not possible because the phantasy has a peculiar meaning to the parent, who will neglect it or even punish the child for having such a phantasy, and so the child becomes ostracized from its parents. Once the rift between parent and child becomes serious, then the child is likely to develop symptoms, such as fears, pains, headaches, or the child may simply look ill, go off its food, become enuretic, or become "naughty" and fail in its school work, etc., and it is often not understood that the symptoms, apparently physical, can be dealt with by psychological methods where physical methods fail; and even a physical symptom such as enuresis is quite frequently treatable by psychological methods.

The sort of psychological situation that arises can be illustrated by the following case:

A boy, *æt.* 8, had never given up wetting the bed. He was a quiet, introverted boy, very different from the cheerful, aggressive slum children, his brothers and sisters. It appeared that he thought of his urine as a destructive liquid which was "like accumulator acid", and so it was as if he were destroying his bed when he wet it every night. The bed-wetting caused great consternation to his respectable parents; the mother fussed over it and said that it would "drive her mad". Eventually, in despair, she ceased to wash the child's sheets, so that he slept in the same dirty bed every night. The father got angry with him, though he knew that the boy could not exactly help it; the other children jeered at him with "Old wet-the-bed", which made him furious, but impotent in face of the majority against him. In this way a vicious circle was set up; his relatives cursed him, and he had his secret revenge by bed-wetting.

In the face of this situation we decided to send the

boy away for three weeks. Instead of bed-wetting every night he only wet once.

Enuresis is an example of an organic disturbance which is definitely treatable by psychological methods. In saying this, I am not denying that the symptom cannot also be "cured" by such means as raising at night, or restricting fluids, or with large doses of belladonna, or for that matter by doing nothing, but there is a residuum of cases where only psychological methods will work.

There are other syndromes that need much further investigation—namely asthma, *petit mal*, vaso-vagal attacks, and so on, about which there is beginning to accumulate a certain body of psychological knowledge.

In so-called functional disturbances the psychological approach is almost always worth trying; but in doing so we have to ignore the symptom in its physical sense. The development of psychology is beginning to show, however, that it is not only in functional disturbances that psychology has its place; there are indications that in organic disease the psychological factor can be decisive, and it is probable that psychological health could be one of the most important factors in the prevention of disease processes. It, therefore, is especially important that children should be started in life with a sound psyche which can stand the buffets which it is likely to meet with in after life.

M. S. M. FORDHAM.

THE DOCTOR.

The Doctor's like a God whom men adore,
When death about the sick man's bed doth soar.
Then hath he great respect and high regard,
Fed with the timely promise of reward.
But as the patient doth begin to mend,
So doth the Doctor's Godhead end.
Yet such attendance on him still is given
As if he were an Angel come from Heaven.
When health and strength the patient do inspire
To sleep, eat, walk, and sit up by the fire,
Then straight the Doctor's state angelical
In his esteem unto a man doth fall.
Last, when the sick or sore is heal'd again
And that the Doctor seeks reward for's pain,
He's neither counted God nor Angel then,
Nor is he entertained as a man:
But, through ingratitude, that hellish evil,
They bid the Doctor welcome as the devil.

When pain'd thy patient is, call for thy fee,
Or when he's well, then patient *thou* must be.

Author Unknown,
dated 1622.

COLLEGE APPEAL FUND

SUBSCRIPTIONS TO DATE.

	£	s.	d.	*
Staff	13,580	19	4	(80)
Demonstrators, etc.	1,802	3	0	(73)
Students	1,314	14	11	(330)
Old Bart.'s men :				†
‡Bedfordshire	45	18	6	(9)
‡Berkshire	123	3	0	(16)
‡Buckinghamshire	82	4	0	(15)
‡Cambridgeshire	194	6	0	(18)
‡Cheshire	6	16	6	(3)
‡Cornwall	22	12	0	(8)
‡Cumberland	5	0	0	(1)
‡Derbyshire	19	14	0	(4)
‡Devonshire	575	1	0	(54)
‡Dorset	77	11	6	(14)
‡Durham	17	7	0	(4)
‡Essex	267	3	6	(23)
‡Gloucestershire	257	5	6	(29)
‡Hampshire	1,519	4	6	(60)
‡Herefordshire	17	12	0	(4)
‡Hertfordshire	107	13	0	(21)
‡Huntingdonshire	5	5	0	(1)
‡Isle of Wight	191	13	0	(13)
‡Kent	589	6	0	(72)
‡Lancashire	129	16	6	(17)
‡Leicestershire	142	0	0	(8)
‡Lincolnshire	61	9	0	(18)
‡Middlesex	497	14	0	(34)
‡Norfolk	178	0	6	(21)
‡Northamptonshire	59	14	6	(6)
‡Northumberland	101	1	0	(2)
‡Nottinghamshire	24	3	0	(5)
‡Oxfordshire	231	15	0	(22)
‡Rutland	1	1	0	(1)
‡Shropshire	38	1	0	(10)
‡Somersetshire	2,837	6	4	(28)
‡Staffordshire	194	18	0	(6)
‡Suffolk	331	11	0	(26)
‡Surrey	523	18	6	(62)
‡Sussex	752	4	6	(63)
‡Warwickshire	215	19	0	(24)
‡Westmorland	2	10	0	(1)
‡Wiltshire	1,011	12	0	(13)
‡Worcestershire	161	1	6	(25)
‡Yorkshire	353	6	6	(29)
Wales	69	12	0	(20)
London	6,894	15	2	(229)
Channel Islands	20	0	0	(2)
Scotland	15	5	0	(5)
Abroad	119	1	0	(13)
South Africa	376	15	6	(20)
Canada	114	3	6	(8)
East Africa	87	12	0	(10)
West Africa	146	10	0	(5)
India	207	12	0	(13)
Ireland	25	4	0	(4)
North Africa	1	0	0	(1)
North Borneo	10	10	0	(1)
Australia	130	10	0	(8)
China	52	8	4	(9)
Siam	10	0	0	(1)
France	50	0	0	(1)
British West Indies	65	8	0	(7)
Straits Settlements	7	1	0	(3)
New Zealand	6	1	0	(3)
Services	654	14	6	(49)
Others	72,955	3	9	(584)
Lord Mayor's Appeal	17,990	16	0	
Funds of College	8,000	0	0	
Value of Building	20,000	0	0	
Loan	20,000	0	0	
Stock Sold	4,061	0	0	
	£180,742	18	10	

* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

STUDENTS' UNION

COUNCIL Colonel Woodhouse outlined the scheme for Hospital Week. Flag-days have troubled us incessantly in the past. This year street collections for the Hospitals will be held in one week only—May 2nd to May 8th. The Central London Hospitals have been allotted May 4th for making their collections. Guy's, the London and Bart.'s are to divide the spoils of the City. All available students—with their friends—will be needed to give this great drive the success it deserves. More details of the scheme will be available in a later issue of the JOURNAL.

There is soon to be a meeting of the Committee appointed at the General Meeting of the Students' Union to investigate the practicability of the Physical Training Scheme. The Committee is under the chairmanship of Dr. Donaldson, and consists of student representatives of the various years.

Mr. White, our groundsman at Winchmore Hill and Chiselhurst, presented his report of what ground materials and tools he would need for the coming year. As we have only one more year at Winchmore it was decided to refer the report to the Financial Committee.

SPORTS NEWS

RUGBY Against the **Old Merchistonians**, a very good team, Bart.'s turned out a rather weak side. **FOOTBALL** However, our team started strongly, scoring two tries in the first ten minutes. This was the best we could do; after that the Old Merchistonians did most of the attacking and all the scoring, and won fairly easily.

and was forced to kick to touch, and the whistle sounded for "no-side".

Against the **Harlequins** on January 2nd we turned out a very peculiar team indeed, which surprised everybody, not least ourselves, by drawing 3 pts. all. We had three forwards in the three-quarter line—Mundy, Way and Graham—who played extremely well, especially in defence. In this respect the whole side played well, their covering of one another being better than ever before.

The game was an exciting one, largely contested in the middle of the field. Marshall, who was deputizing for Candler, kicked off away from the pavilion, and we immediately gained 40 yards; however, the Harlequin forwards, among whom Prescott, Mycock and Hamilton-Hill were prominent, rushed the ball back to our line, where one of them fell offside. From a scrum on our "25" Hudson broke through cleverly and reached our goal line, but his pass went astray, and Berry cleared.

The Bart.'s forwards then came into the picture with a good rush, in which Newbold and Swinstead were prominent, taking the ball well into our opponents' half. Hearn's service with the heavy, muddy ball was excellent, and Marshall frequently gained ground with good kicks to touch; on one or two occasions the latter broke through the opposing defence very well, but lost his three-quarters. The Bart.'s side spent quite a lot of the latter part of the first half hammering away at the Harlequin line, until one of our opponents cleared with a fly kick to touch. From a free kick Chapman, their captain, gained a lot of ground, and Craddock and Hudson ran well to reach our goal line, but the latter's pass to Brook (another forward playing in the centre) was forward, and the play returned to midfield.

Soon after this the Harlequins gained possession, and the ball travelled down their three-quarter line, reaching Horsley, who, handing-off Graham, scored a good try in the corner, which Chapman failed to convert. It is noteworthy that that was the only occasion during the afternoon that Horsley's famous hand-off was successful.

Soon after the kick-off Hearn and Way worked the blind side and made a lot of ground, and the first half finished with Bart.'s attacking. 0-3 to the Harlequins.

The Harlequins pressed hard from the re-start. Warth, running strongly, made half the length of the field, but was tackled on the line; Hudson was held up on the line, and then pushed back into touch. Our opponents were heeling the ball from nearly all the loose scrums, but the momentarily-expected dropped goal failed to materialize; in fact only one attempt was made, and that a poor one.

Then Laybourne and our other "backs" combined nicely in a foot-rush which saved the situation. A kicking duel between Berry and Crichton was won by the former.

With less than a quarter of an hour left, from a scrum just inside our own half Burrow went away with the ball at his feet and, showing magnificent ball control, dribbled half the length of the field until, confronted by the full back, he tipped the ball outwards to Newbold, who gathered it at full speed and dashed over for a try to make the score 3-3. Macpherson failed with the kick.

Soon after this Bart.'s had a severe fright when Warth dribbled over the line, but missed the ball in trying to touch down; Way was there to save the situation. Then Marshall made a brilliant break through and gained a lot of ground, but found nobody with him

On January 9th Bart.'s went to Teddington to play the **Old Merchant Taylors**, and were badly defeated by 30 pts. to 9.

Our failure was due to a number of causes. In the first place the tackling was bad; only three of the forwards tackled low. Secondly, there was no jumping at all in the line-out; here Mundy, down with 'flu, was sadly missed. Thirdly, although the wings ran hard, they must learn to stick to their man in defence, and not to come inside even if the opposing centre has broken through; this man should be taken by a forward or by the full back. Fourthly, the heeling was much too slow, both in the loose and in the tight, which gave Candler little or no chance, although Miller played very well indeed, his service being excellent.

Laybourne played well, his defensive kicking being admirable, but Evans had an off day; he must learn that, if he is going to kick in defence, he must get his kick in at once.

Darmady made a temporary come-back for this game and, though obviously out of training—his great experience saved him a great deal of useless running about—his tremendous knowledge of the game was apparent in all that he did. A good performance.

Berry had a difficult time, but played well in the circumstances.

The forwards have been much criticized this season, but they must remember that in Cup Ties, the first of which occurs on February 18th, the type of play is such that the two back divisions cancel each other out, so that the initiative, and therefore the result of the match, more than ever rests with the forwards.

BOXING A match between the **United Hospitals** and **Cambridge University** was held at Charterhouse Square, by permission of the Dean. This Hospital was represented by T. P. Storey as a featherweight, and J. W. G. Evans among the lightweight.

Storey was outreached and outclassed, and the fight was stopped in the first round. The fight between Evans and Bentall was more interesting. In the first round Evans pushed Bentall over, but was hit quite a number of times about the face. Evans warmed up in the second round and had Bentall down twice. He did most of the attacking, and had his opponent on the ropes on several occasions. In the last round there was quite a vigorous exchange of blows, Bentall fighting very pluckily in defiance of Evans' longer reach. This was the best fight of the evening, and it resulted in a well-deserved victory for Evans, the referee congratulating the loser on a plucky fight.

The match ended in a win for Cambridge by eight fights to three.

SQUASH This match against **Guy's Hospital** in the Inter-Hospital Cup resulted in a defeat by 4 matches to 1. Bart.'s, still at a disadvantage owing to absence of courts whereon to practise, were further handicapped by the inability of Gabb and Thorne-Thorne to turn out.

Marrett was up against a good player, and after a shaky start played as well as he was allowed. Maidlow had an off day, and never really found his true form.

James won a ding-dong struggle in the fifth game, the drop and angle shots being the deciding factor.

Walley and Heyland both played better than the scores suggest, and with practice will prove very useful.

Bart.'s. Guy's.

H. R. Marrett v. A. D. Willis: 1—9, 3—9, 9—3, 4—9. *Lost.*
 W. M. Maidlow v. C. P. Cutler: 3—9, 8—10, 5—9. *Lost.*
 C. T. A. James v. P. H. Birks: 9—4, 9—2, 0—9, 2—9, 9—3. *Won.*
 G. J. Walley v. V. W. P. Roberts: 2—9, 3—9, 6—9. *Lost.*
 R. Heyland v. D. G. Channell: 7—9, 2—9, 2—9. *Lost.*

The palatial precincts of the Fayre Club was the site of our match against **The Escorts**. It resulted in a defeat by two matches to one.

The standard of squash was a great improvement on the Guy's match, and Maidlow put up a very good show against a clever opponent.

The match between James and Birt provided the marathon of the evening in which energy was the deciding factor.

Marrett won very comfortably, having decided to take this game as practice for the next cup match. It is encouraging to see the drop and lob shots intermingled with the lengths down the side wall.

Bart.'s. Escorts.

W. M. Maidlow v. W. R. May: 7—9, 7—9, 5—9. *Lost.*
 C. T. A. James v. St. J. M. C. Birt: 5—9, 8—10, 9—3, 8—10. *Lost.*
 H. R. Marrett v. Hon. J. Arundel: 9—0, 10—8, 9—7. *Won.*

O.T.C. MEDICAL UNIT No. 1 COY. At the end of last term past and present members of No. 1 Coy. gave Capt. R. F. Phillips a farewell dinner. Ex-R.Q.M.S. A. B. Kennedy proposed Capt. Phillips's health in an admirable speech, in which he reminded us how much Capt. Phillips had done for the Medical Unit as a whole, whilst Adjutant, as well as for No. 1 Coy. itself. The Chairman, R.S.M. L. L. Alexander, made a presentation on behalf of No. 1 Coy., and a very enjoyable evening was rounded off by singing O.T.C. songs.

On January 12th Major L. Haden Guest, M.C., commenced a series of demonstrations on Air Raid Precautions. All O/Cdts. are reminded that they are expected to attend these demonstrations, which are held in the Physiology Lecture Theatre, Charterhouse Square, on Tuesdays at 5.30 p.m.

The Medical Unit will provide a first aid post and take part in lining the route of the procession on Coronation Day, May 12th, 1937. Will all O/Cdts. who wish to undertake duties on this day give their names to O/Cdt. Sgts. G. H. Pickering and D. W. Boatman at a very early date? Names of those O/Cdts. wishing to attend either the Hygiene or Deport Courses in April should also be sent in immediately.

The Miniature Range is open on Wednesdays, between 4 p.m. and 6 p.m., for all O/Cdts. Ammunition is free.

CORRESPONDENCE

THE CHARTERHOUSE DANCE

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—Having had the privilege of serving on the Charterhouse Dance Committee, I feel it is not inappropriate for me to reply in protest against the review which appears in last month's JOURNAL on "The Charterhouse Dance". I feel sure that if our critic had given more thought to the matter, much of what he wrote would have remained unwritten. To write that it took the greater part of the evening to get over " . . . the first unhappy impression of a handful of slightly depressed pigmies sitting in a single dispirited row . . ."—these being supporters of the dance, and including members of the staff, our colleagues and their women-folk, is grossly disloyal, distasteful and inapt.

The "recommendation" that the bar be held in the hall itself shows a surprising lack of thought, and a complete lack of knowledge of the circumstances under which the dances are held.

The sentence, "You could drink or you could dance, but it was not easy to do both", baffles me. I believe there are places where couples dangle with cigarettes dangling from their lips and glasses clutched in their hands; one wonders if this is what our critic has in mind! The reference to the "gay old ladies" is deplorable and unworthy of space in the JOURNAL. One trusts that Messrs. Kingston Miller & Co., Ltd., will treat the comment with the contempt it deserves should they be unfortunate enough to read it. These same "gay old ladies", incidentally, served tea and refreshments when we were honoured by a visit to Charterhouse by the Prince of Wales.

It is refreshing to learn that one thing at least was "very good", namely, the food. I make no comment.

It is a pity that no mention is made of things that really mattered; for instance, the improvement of the floor surface, though not by any means perfect yet, is due to the co-operation of the Dean in this matter, and the floral decorations so tastefully arranged by Mrs. Girling Ball and Mrs. Harris.

My hearty "recommendations" to our reviewer are these:

1. Let your criticisms be CONSTRUCTIVE, not destructive; they would then be helpful, and I am sure, welcome.
2. Get to know more about organizing and running a dance of this description.
3. Think twice and write once, then think again before sending to print.

I sincerely trust that readers of the review will take it for what it is worth, then the popularity of these dances will not be impaired.

I am,
 St. Bartholomew's Hospital; Yours, etc.,
 January 11th, 1937. CECIL WEBB.

THE SQUASH COURTS APPEAL

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—In contributing my widow's mite, or bachelor's button, towards the Squash Courts Appeal, may I call your attention once more not only to the apathy with which the appeal has been received, but also to the unfavourable impression which this apathy has made on the minds of those who are responsible for the new courts, and especially on the minds of those members of the staff who have devoted so much energy to the affairs of the Students. One can understand how discouraged and disappointed they must feel over such a poor response. In contributing so late I place myself among the offenders. One knows, however, that we, as a whole, are neither ungrateful for, nor unconcerned as to, what is done for us; nor are we peculiarly mean in character. After talking the matter over with others I believe, that the apathy is entirely due to the fact that the appeal has never "got over". The matter is important not only in itself, but in influencing the attitude to be taken up towards further improvements.

The first circular letter was deservedly relegated to the waste-paper basket, or its equivalent. The appeals in the JOURNAL have been so inobtrusively tucked away in corners as to leave both our consciences and our pockets undisturbed, either by escaping our notice altogether, or by registering only as a matter of no importance.

I feel we may have been judged and condemned in this matter without knowing we were on trial, the summons having been placed in our pockets when we were not looking.

May I suggest to you that the JOURNAL is the best place in which to serve the summons, and that it should, if possible, in your next issue occupy at least a whole page, and be striking enough so that we do not have to hunt for trouble, but get it squarely between the eyes, leaving either our consciences or our pockets in a worse condition than they were before.

If you can see your way to doing this I feel sure there would be a marked response.

If apathy were still to persist we could only come to one of two unwelcome conclusions: either that the Council in voting for the new courts unanimously did not represent the general opinion, or that the students, emulating some tropical plant, close their eyes, ears and minds when their pockets are touched. In the former case obviously some correction is needed to prevent the Council in future spending large sums of money for their own personal amusement; if the latter be true, why "cast pearls of courts before swine"? But—

"Let Grill be Grill and have his hoggish mind,

But let us hence depart whilst wether serves and wind".

In conclusion I feel it would be wise to stress the point that the order for construction has been given, and that the courts will be with us in a matter of months; and that the Students' Union are not merely at last finding a use for £1500 of hitherto idle capital, but that a large part of that sum must be made up so as to balance the annual income with expenses. Apart from substantial help, donations, however small, would at least give evidence of appreciation, and encourage further improvements in the future.

Yours sincerely,
 G. A. RICHARDS.

24A, Chepstow Crescent,
 W. 11;
 January 8th, 1937.

THE LATE PROF. E. H. KETTLE

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—I write to thank you for the vivid picture drawn in your January issue of E. H. Kettle, which must have charmed all those who knew him well. One correction, however, must be made. His untimely death is certainly "a sad reminder of the limits of practical medicine to-day"; but the failure was in preventing a fatal issue, not, as you suggest, from a bleeding gastric ulcer, but from a carcinoma of the stomach.

I am, Dear Sir,

Yours faithfully,

M. N. KETTLE.

January 8th, 1937.

REVIEWS

Treatment in General Practice. Vol. II. (London: H. K. Lewis & Co., Ltd.) Pp. xi + 418. Demy 8vo. Price 10s. 6d.

This is a collection of fifty articles, each written by an eminent consultant, published, by invitation, during the last year in the *British Medical Journal* and completes a similar series, published last spring.

Despite the obvious temptations, the authors have managed to keep before them the words "General Practice" and "Treatment", although some have realized that the latter is impossible without accurate diagnosis and so have given this pride of place, with, almost invariably, great benefit to their article. One finds, however, exceptions, such as a rather long discussion on the indications for operation in acute hæmatemesis, or the necessity for duodenal intubation in the diagnosis of gall-bladder disease, neither of which are likely to be undertaken except by a competent specialist.

Usually very careful detail is given of methods of treatment which might be considered at all new, so that anyone, quite unfamiliar with them, would feel completely at home in trying them. It is, however, a little disappointing to see such a well-tryed favourite as protein shock, for the spasticity of disseminated sclerosis, dismissed as "a *B. coli* vaccine . . . intravenously . . . 3 times a week", while on the other hand, there is a very comprehensive article on the details of the various individual methods of spa treatment. This latter is redeemed by a short, but excellent, chapter on the types of patient who are likely to benefit from the different spas in this country.

This is a most excellent book, and will not only be absolutely invaluable to those to whom it is dedicated, but will also be a godsend to those whose horizon is, for the moment, a little obscured by little baize tables, presided over by pairs of, sometimes, not too kind gentlemen; for are not the authors amongst them?

Materia Medica and Therapeutics. By the late RAKHALDAS GHOSH. Fourteenth edition by BIRENDRA NATH GHOSH. (Calcutta: Hilton & Co., or Scientific Publishing Co. London Agents: Messrs. H. K. Lewis & Co., Ltd.)

In the preface the author states that although the old title *Materia Medica and Therapeutics* is retained, it is now more a work on pharmacology as applied to therapeutics. Such an aim is admirable, but we fear that the task is a very difficult one, and the author has been overwhelmed by it in many places. In an endeavour to combine an immense accumulation of pharmacological data with detailed therapeutics and pharmacutics, the book has tended to become encyclopedic in character, and it is difficult for the student to appreciate the essential facts. For this reason the book is unlikely to appeal to students of medicine in this country as a text-book, and there are several inaccuracies which render its utility doubtful as a book of reference. We cannot understand, for example, why the Aschheim-Zondek test for pregnancy is said to be based on the hyperplasia of the genital tract and mammae produced in immature mice and rats by the injection of the oestrogenic hormone in the urine of pregnant women.

There are also many curious sentences throughout the book, such as "A vaccine is a sterilized suspension of organisms, either living or dead".

The section on the Indian Indigenous Drugs is probably very useful to students and practitioners in India, and we do not feel competent to pass any remarks on these chapters.

Text Book of Medicine. Edited by J. J. CONYBEARE. Third edition. (Edinburgh: E. & S. Livingstone.) Pp. xix + 1027. Price 21s.

The value of a text-book of medicine for students must be judged by certain definite standards. It must be clearly written and concise, yet it must contain all the relevant information on each subject; it must also not be unduly expensive. The present volume, the third edition, of this already established text-book conforms in all respects to these standards, and may therefore be recommended to the student with every confidence.

It is always difficult to maintain uniformity when a number of authors are concerned in the production of different parts of a book, yet in this case the standard is so high in all respects that it is impossible to pick out any definite weakness. The section on diseases of the chest is perhaps unduly brief in view of the importance of the subject, and it is difficult to see any justification for the chapters on pulmonary tuberculosis being grouped with the infectious diseases, in quite a separate part of the book. Pulmonary tuberculosis forms so integral a part of thoracic medicine that its inclusion with other chest diseases is essential if a balanced view is to be maintained. The section on asthma loses most of its value because the allergic side of the condition is stressed out of all proportion, and it is surprising to read that secondary growths are as common as primary growths in the lungs. The other common chest conditions, such as bronchiectasis and lung abscesses, are too briefly dealt with, and the recent advances in chest surgery have been to a large extent ignored. The section on diseases of the kidneys is extremely clear and concise, and serves as a model of what such contributions should be. The section on diseases of the nervous system is well written, and avoids the error of dealing with the subject in unnecessary detail.

The remaining systems are all competently dealt with. Useful sections on common diseases of the skin and on life assurance examinations are included.

The text is clearly printed, and the illustrations are well reproduced. This is undoubtedly a book which the student of the elements of medicine would be safe in adopting.

Safe Childbirth: The Three Essentials. By KATHLEEN VAUGHAN, M.B.(Lond.); with a Foreword by Prof. HOWARD KELLY, M.D., LL.D. Pp. xiv + 150. 49 illustrations. Price, cloth, 7s. 6d.

This book falls naturally into three parts. The first, a survey of childbirth among peoples in various states of civilization—from town-dwellers to crofters in the Shetlands and the natives of Tibet—shows how far lower is the maternal mortality-rate among the primitive country folk than among those who are more civilized.

The second part is an analysis of the causes of this lower death-rate—"The Three Essentials". They are a round pelvic brim, flexible joints, and the posture in which parturition takes place. The third part tells how the obstetrician can ease labour by observing these principles.

By the time a woman presents herself to her doctor the shape of her pelvis is already established and her ligaments are to a certain extent unyielding. It is therefore by adopting a correct position for the act of childbirth that most can be done.

The author convinces us that the best position is squatting on the heels. This position is the safest for the unattended woman, and is naturally assumed when the mother is left to herself. Evidence of this comes from every part of the world. The recumbent position was only adopted when attendants became the fashion. That is the best position for the attendant, not for the mother.

These points are driven home, by some beautifully posed photographs. There is also a short scheme of training for the expectant mother so that she may be able to co-operate efficiently during the birth.

This is a fascinating book, which could be read with advantage by the expectant mother as well as by her medical adviser.

Our Rheumatism. By OSCAR PARKES, O.B.E., M.B., Ch.B. (London: Sampson Low.) Pp. vi + 106. Price 5s.

This is a book written at two great disadvantages: firstly it is quasi-scientific for a lay public, and secondly, it has a gospel to preach. This latter is apparently that everything that comes under the generic head of rheumatism is due to lactic acid, which has got

locked up in the tissues and cannot get out again, but so far so good. Unfortunately calcium and ammonium step in and then there is a most fearful chemical mix-up, and it is the undoing of this that makes treatment so tiresome. This is all shown in a nice micro-photograph of the sweat of a rheumatic sufferer, under which we find inscribed: ". . . are crystals of lacto-chloride of ammonium shaped like broken scaling ladders; the surrounding dagger crystals are formed urea and salt (urates). In this case the urates were formed because the excess of lactic acid was locked up with ammonium."

Apart from these excursions into the realms of chemical unorthodoxy, the book fulfils a very real need. It gives hope to the rheumatic sufferer, and enables him to understand the essential chronicity of his complaint. For his medical adviser there is also much useful advice, and he will be most certainly stimulated to widen his methods of treatment, particularly in regard to the minor forms of physical therapy.

EXAMINATIONS, ETC.

University of Cambridge

Third Examination for Medical and Surgical Degrees, Michaelmas Term, 1936.

Part I.—Beckett, F. G. A., Dickins, C. M., Hutt, C. W., Jeremy, W. H. R., Ledward, A. D., Masina, A. H.

Part II.—Donald, K. W., Dunn, G. W. N., Loxton, G. E., Maclaren, H. C., McNeil, C., Payne, A. M. M.

University of London

M.D. Examination, December, 1936.

Branch I (Medicine).—Danino, E. A., Jones, F. Avery, Reavell, D. C.

Branch II (Pathology).—Cunningham, G. J., * Robb-Smith, A. H. T.

* Awarded University Medal.

First Examination for Medical Degrees, December, 1936.

Badock, G. B., Boyle, A. C., Brenan, A. H. W., Carr, D. T., Charles, W. V. N., Craike, W. H., Emtage, G. S., Feldman, L., Griffiths, E. J., Hall, R. L., Hall, T. E., Hewitt, S. R., Hicks, G. E., Horbacz, H., Manson, C. N. S., Miller, P. J., Sadler, J. A., Shah, J., Tayler, G. E., Thrower, A. L.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.A.—Hobbes, T. H., Pirie, A. H.

Royal College of Surgeons

The Diploma of Fellow has been conferred on the following:

Bintcliffe, E. W., Bonnin, N. J., Cochrane, H. L., Cookson, C. C., Cosin, L. Z., Davies, D. O., Doctor, H. K., Ghosh, S. K., Gray, A. S., Hughes, J., Lee, H. B., O'Brien, D. P., Pellew, L. J., Stallworthy, J. A., Stevens, B. W., Treissman, H., Tunks, O. C.

Conjoint Examination Board

Pre-Medical Examination, December, 1936.

Chemistry.—Badock, G. B., Brewerton, R. S. E., Burkeman, L. E., Davies, J. H., Emtage, G. S., Gifford, A. C., Sheen, C. R. P.

Physies.—Badock, G. B., Burkeman, L. E., Davies, J. H., Emtage, G. S., Gifford, A. C., Helme, P. E., Sheen, C. R. P., Weinreb, H.

Biology.—Burkeman, L. E., Emtage, G. S., Genese, H. N. H., Gifford, A. C., Weinreb, H.

First Examination, December, 1936.

Anatomy.—Barwood, A. J., Carroll, C. R. K., Corfield, C. C., Heyland, R., James, C. T. A., Thompson, J. F.

Physiology.—Barwood, A. J., Corfield, C. C., Finnegan, J. D., Heyland, R., Kingston, R. F., Mail, W. D., Marrett, H. R., Roberts, T. M. C., Silcock, A. R., Syred, D. R.

Pharmacology.—Dawney, P. F. H., Irvine, B. A., MacKelvie, K. C., Redman, V. L., Stewart, E. F. G.

CHANGES OF ADDRESS

ANDERSON, J. S., "Sunboro", Rolston Road, Hornsea, E. Yorks.
HARRIS, A. G. JEAFFRESON, 5, Greenhill Court, Sherborne, Dorset.

APPOINTMENT

GLENNY, E. T., M.B., B.S.(Lond.), appointed Medical Instructor, Air Raids Precautions Department, Home Office—South Wales Area, Cardiff Centre.

BIRTHS

ABERNETHY.—On Christmas Day, 1936, at St. Bartholomew's Hospital, to Mary (*née* Whitelocke) and Douglas Abernethy, of Oxford—a son.

GRAHAM POLE.—On Christmas Day, 1936, at High Bickington, North Devon, to Florence Doreen, wife of Dr. Richard Macvean Graham Pole—a daughter (Mary Doreen).

HALL-SMITH.—On January 3rd, 1937, to Kathleen Mary, wife of Dr. Cedric Hall-Smith, of Swaffham, Norfolk—a son (Cedric John, who survived only three days).

HOLDEN TINKER.—On January 5th, 1937, at Painswick, to Kathleen (*née* Bates), wife of Surg. Lieut.-Cmdr. R. W. Holden Tinker, R.N.V.R.—a fourth daughter.

HOWARD JONES.—On January 11th, 1937, at 20, Devonshire Place, W. 1, to Ruth (*née* Fontes), wife of Dr. Norman Howard Jones, of 90, Gloucester Terrace, W. 2—a daughter.

PUGH.—On January 3rd, 1937, at Sevenoaks, to Audrey (*née* Sewel), wife of T. W. E. Pugh—a daughter.

SODEN.—On December 28th, 1936, at "Beckdale", Dryburgh Road, Putney, to Clare (*née* Jessup), wife of Dr. George Soden, of Croft Lodge, Brackley, Northants—a son.

TENISON MOSSE.—On December 26th, 1936, at St. Brenda's, Bristol, to Ethel Gregory (Tom), wife of Dr. B. E. Tension Mosse—a son.

VARTAN.—On December 16th, 1936, at 19, Bentinck Street, W. 1, to Marjorie, wife of Keith Vartan, F.R.C.S.—a daughter.

WARE.—On January 10th, 1937, to Dr. and Mrs. H. A. Ware, of 10, St. Andrew's Street N., Bury St. Edmunds—a daughter.

MARRIAGES

JOLLIFFE—WALLIS.—On December 19th, 1936, quietly, at Christ Church, Folkestone, William Anthony Jolliffe, Surg.-Cmdr. R.N., to Eileen Mary Wallis.

POOLE—DINES.—On January 1st, 1937, at Benson, Oxford, Dr. Denys Stanton Poole to Grace Catharine, eldest daughter of Mr. and Mrs. Lewen Dines, of Teddington.

POPE—BUCHANAN.—On December 17th, 1936, quietly, in London, Alfred Richard, elder son of the late Dr. Charles A. W. Pope and of Mrs. Pope, of St. Leonards-on-Sea, to Joyce Eleanor, eldest daughter of Lieut.-Col. L. E. Buchanan and the late Mrs. Buchanan, of Lisnamallard, Co. Tyrone.

DEATHS

BERRYMAN.—On December 17th, 1936, Richard Charles Palmer Berryman, M.R.C.S., L.R.C.P., eldest son of the late Rev. C. P. Berryman and Mrs. Berryman, Guildford.

CRIPPS ROGERS.—On January 15th, 1937, at Eastbourne, Henry Cripps Rogers, M.R.C.S., aged 93.

DAYMAN.—On January 13th, 1937, at 17, Hampstead Road, Bristol, Barnfield Dayman, M.D., aged 89.

LLOYD.—On December 16th, 1936, at his residence, "Menaifron", Bangor, North Wales, Edward James Lloyd, M.D., aged 86.

ROSE.—On January 7th, 1937, at Peppers, East Harling, Norfolk, Dr. Edmund Frederick Rose, aged 60.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, MR. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.